

HONORING HELENE H. HALE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Hawaii (Mrs. MINK) is recognized for 5 minutes.

Mrs. MINK of Hawaii. Mr. Speaker, I rise today to honor Helene H. Hale, a distinguished citizen of Hawai'i, whose extraordinary example of public service truly sets her apart.

I reprint here a copy of a Proclamation issued by County of Hawai'i Mayor Harry Kim on April 10, 2001, honoring Helene's many contributions to Hawai'i and recognizing a truly unique and remarkable woman.

COUNTY OF HAWAII PROCLAMATION

WHEREAS, Helene H. Hale has served the people of Hawai'i in various elective capacities for almost 50 years, and in at least one office in each of the past six decades: in the 50's and 60's as a County Supervisor, in the 60's as Chairman or Mayor of Hawai'i County, in 1978 as a delegate to the State's Third Constitutional Convention, and in the 80's and 90's on the County Council; and

WHEREAS, at the age of 82 years young, in the year 2000, she was elected to the State House of Representatives on the slogan "Recycle Helene Hale," becoming the oldest freshman ever elected to the State House, and she has taken State government by storm; and

WHEREAS, far from being a career politician, she has combined government service with other vocations, including wife, mother, college lecturer, bookstore manager, coffee grower, realtor, U.N. supporter, and founder of the Merrie Monarch Festival, and she has brought to each of these the same intelligence, wit, energy, and dedication which have marked her service in government; and

WHEREAS, Helene Hale has claimed many "First," including first female government official in Hawai'i since Queen Liliuokalani, first African American elected official in Hawai'i, first resident of Hawai'i on the cover of *Ebony*, first female chief executive of a county in Hawai'i, and the first octogenarian in Hawai'i to campaign for public office in a bathing suit, and

WHEREAS, Jeremy Harris, Mayor of the City and County of Honolulu, proclaimed March 23, 2001, as "Helene H. Hale Day" in the City and County of Honolulu; and

WHEREAS, Helene Hale is a resident of the County of Hawai'i, and her political career has been here, not in Honolulu, and we cannot allow Honolulu to steal credit for our Helene.

NOW, THEREFORE, I, HARRY KIM, Mayor of the County of Hawai'i, do hereby proclaim (belatedly) March 23-29, 2001, as HELENE H. HALE WEEK in the County of Hawai'i, and extend belated best wishes for a Happy Birthday and many more in the future.

IN WITNESS WHEREOF, I have hereunto set my hand and caused The Seal of the County of Hawai'i to be affixed. Done this 10th Day of April, 2001, in Hilo Hawai'i.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening I would like to talk about health care and my concern that in the first 100 days of the Bush administration, we have seen no action, effectively, on the major health care concerns that affect the American people, that my constituents are talking to me about and that many of my colleagues in Congress, in the House of Representatives, not only on the Democratic side but also on the Republican side, have identified, issues that we have identified as important that need to be addressed in this Congress. I want to mention three tonight. There are many, but I want to mention three, if I could: one is the need for a Medicare prescription drug benefit; the second is the need to reform HMOs, the so-called Patients' Bill of Rights; and the third is the mounting problem of so many Americans, maybe 45 million Americans at this point, who have no health insurance.

Before I get to those three points, though, I probably should point out that the President's budget sends sort of a defining message with regard to health care by essentially not only dealing with some of these problems effectively but also by threatening through the size of the tax cut that he recommends, which is primarily for the wealthy and corporate interests, to possibly raid or effectively raid the Medicare as well as the Social Security trust fund.

So I guess there is no reason why we should be under any illusions, if you will, that President Bush effectively wants to address some of these health care issues when the reality is that his budget probably would harm health care, particularly for seniors, by tapping into the Medicare trust fund and certainly doing nothing that would improve the future viability of that trust fund. I know that we may be addressing the budget tomorrow or Thursday or sometime in the next week or so, and that is one of my major concerns, that the budget proposal through the tax cut proposal would dip into the Medicare trust fund and affect its future.

But I want to get back to the three issues that I wanted to address tonight that are health care-related and talk a little bit about each of those, if I could. One of the major problems that my constituents talk about, and I know it is true for all my colleagues because we have talked about it on the floor and we have had many discussions, the fact that so many seniors today are negatively impacted due to the cost of prescription drugs.

In my own State of New Jersey and in many States, we have enacted legislation that would provide prescription drug benefits, some more generous than others, depending on the State, for low-income seniors. But Medicare, which, of course, is the main health

care program, the health care program that most seniors rely upon, that is universal, does not include a prescription drug benefit. You may be able to get it if you have an HMO, but increasingly the HMOs do not provide prescription drug benefits or very limited benefit.

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So what we see is more and more seniors taking money out of their pockets to pay for increasingly high costs for prescription drugs.

I happen to chair our Democratic Health Care Task Force where we took up this issue, but many of my colleagues on the Democratic side, and certainly some on the Republican side as well, felt that we needed to provide a prescription drug benefit in the context of Medicare so that all seniors, not just low-income seniors but middle-income seniors who are impacted probably more than anybody else, because in most States there is no benefit for them, there is no protection for them, need to have this kind of a benefit.

The Democrats came up with a bill which we introduced in the last Congress, and I just want to summarize that if I could, the major features of that bill, to get an idea of the type of prescription drug benefit that I think we need.

First of all, the Democratic bill, called the Prescription Benefit Act of 2000, was universal and voluntary; established a voluntary prescription drug benefit program for seniors and disabled in Medicare beginning in 2002.

Enrollment is voluntary when a senior or disabled person first becomes eligible for Medicare or if and when they lose coverage from an employer, an HMO plan, or Medicaid. Enrollees would receive Medicare payments for covered drugs from any participating pharmacy and are charged negotiated discounted prices on all of their covered drug purchases regardless of whether the annual benefit limit has been reached, the idea being that we want to pool all the seniors in a Medicare benefit so that the cost of prescription drugs is significantly less.

In terms of the benefit, the proposal that the Democrats put forth last year would pay for at least 50 percent of the negotiated price for the drug, up to 50 percent of annual limits equal to \$2,000 through 2002 to 2004, and it goes up to \$5,000 to 2009, and then adjusted for inflation. So 50 percent of the cost from the first prescription that one buys and then up to \$5,000. There was a catastrophic benefit beyond that that one would not pay anything.

The main thing I want to point out, though, is that this was a universal benefit. What the Democrats have been saying is that everyone in Medicare should be eligible for a prescription drug benefit. That is because most of the people that are complaining to us

about the cost of prescription drugs and not having coverage are, in fact, middle-income seniors, not the very poor who often have, as in my State of New Jersey, some kind of a program to pay for their prescription drugs.

Now, during the course of the campaign, President Bush said that he wanted to address the concerns of seniors and he wanted to enact, if he was elected President, a prescription drug benefit. It was not quite clear what he had in mind. He was pretty general about it, but he certainly suggested that it was not just for low-income seniors. It would be for all seniors.

Now so far in the first 100 days of this administration the only proposal that we have received is one that was basically included in the budget for, I think, about \$150 billion, which is woefully inadequate in any case, for a low-income prescription drug benefit. I do not even want to stress this that much, Mr. Speaker, but I need to stress that there has been no push for this. It is one thing for the President to get up during the campaign and say I want a prescription drug benefit. It is another thing for him to change later and say, when he is elected, well, this is going to be primarily for the low-income or exclusively for low-income people.

We all know that from the bully pulpit of the Presidency that if one wants to get something done they simply come down here to the Republican leadership that is in the majority in both Houses and say this is a priority, we want to get this done and we want to get it done now.

We are not getting that. We are not getting any suggestion from the White House that this is a priority. Nobody is sitting down here with either the Republican leadership or the Democrats, certainly not effectively, and saying that we want to do something here and we want to move this. There may have been some hearings, but there is no legislation that is moving in any committee that would provide a prescription drug benefit.

I want to be a little critical of what the President has proposed because I want people to understand, and my colleagues to understand, that it really does not help too many people because it is a low-income benefit; but even more I want to stress over and over again that there is no push even to do this.

Let us just analyze briefly what the President's medicine proposal, prescription medicine proposal, is.

Basically, the way he defines it, he says it would limit full prescription coverage to Medicare beneficiaries with incomes up to 35 percent above the poverty line. So that is up to \$11,600 for individuals and \$15,700 for couples, and seniors with out-of-pocket prescription spending of \$6,000 per year. Basically, we are talking about people at a fairly low-income level.

In my own State of New Jersey, the people that would be covered by the President's proposal would already be eligible for our low-income prescription drug plan that is financed through casino revenue funds. I would suspect that that is going to be the case in a lot of other States that we are only dealing with fairly low-income seniors, many of whom are already provided some kind of coverage by their State; but even if they are not, it is not a large percentage of the Medicare senior population that needs a prescription drug benefit.

I would venture to say that unless one is fairly well-to-do today, they are suffering if they have to pay for their prescription drugs out of pocket.

Now just to point out that the Democrats really mean business, when the President's budget came over, or when the House budget which essentially reflected the President's budget came over, to the Senate, the Democrats basically sought to double the amount of money that would be available for a prescription drug program from essentially \$150 billion, which was the President's proposal, to about \$300 billion, on the assumption that we could have some sort of universal benefit if it were to pass.

Of course, the President has canned that and said he does not support it.

Just to point out how important this issue is and that I am not just talking about this in the abstract but I know that it is something that is really crucial to the average senior, just last week in the New York Times there was an article, April 23, about States creating plans to reduce costs for drugs. It outlined how so many of the States now are putting in place prescription drug programs because they realize the necessity of them; but again, a lot of this is just for low-income seniors. A lot of it does not cover that many people.

I maintain that rather than look to the States to create these plans which oftentimes are limited and which frankly they cannot afford, the Federal Government should be taking a lead. Basically, the fact that so many States are dealing with this issue, and trying to, cries out, in my opinion, for a Federal solution.

Another area where I think that the average American is losing out with regard to health care needs is on the issue of HMO reform and Patients' Bill of Rights. Before I get to that, I see that one of my colleagues is here; and I know that she has been out front on these health care issues for a long time now, so I would like to yield, if I could, Mr. Speaker, to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank my distinguished colleague, the gentleman from New Jersey (Mr. PALLONE). I particularly thank him for the persistent and dedicated

leadership. Listening to him, I could not help but come to join him and raise some of the concerns that I have, particularly because I think it is important. I heard some lightheartedness made about our schedule; and I think it is important to note that, of course, the Democrats do not make the schedule for the House. The gentleman was just providing a long litany of needs, and I would really prefer to be here working with these issues, grappling with these issues.

Yesterday I spent a day in my district, called a day of community health, with the U.S. Surgeon General. What we did, rather than give speeches in a big auditorium, we went to different health centers to look at the different needs that our community has. We focused, first, on the fact that cancer is maybe the second disease or second highest death rate in our minority community and in our community. We looked at trauma, the needs of our trauma facilities; and lo and behold, we found out that across the Nation there is a nursing crisis; we do not have enough nurses to deal with health care.

We looked at HIV/AIDS. We looked at the question of children's health care, elderly care, and infant mortality. I raise these issues with the gentleman because it was a very productive day. We listened to the people who were there working every day on the ground with these issues.

The one thing that was noted is that health care dominates people's conversation. As I look at the administration's budget, it gives me pause for concern, particularly since we have about a million children uninsured in Texas. We are only about 300,000 that we have enrolled. We are looking forward to going to 400,000, but I still think that is not enough. So I am interested in ensuring that the CHIPS program continues to be funded at the level that is needed to insure every single child.

As the gentleman well knows, some of the programs relate to working parents. This is not a handout of sorts. Some of these are the working poor.

Just a few days ago, in the last 24 hours, the State of Texas took on a bill of about \$57 million, I think, for the City of Houston to help pay for the insurance of public school workers. That is going to be a big burden on our State of Texas; and of course, we appreciate the leadership of the State legislature, but they obviously are going to need collaborative support as it relates to the funding for our hospital district, our county hospitals and, as well, as I said earlier, as it relates to the care of our children.

The gentleman noted that we are still struggling with this whole issue of prescription drugs for seniors. There is not a time that I go to the district that that issue is not being raised; that working seniors, and when I say working seniors, seniors that worked who

now are retired, have indicated that even with their pensions and Social Security, the cost of prescription drugs is overwhelming. They are not able to provide for themselves with housing and the upkeep of the needs that they have and to pay their utilities, and particularly with the emerging crisis in energy, and also pay for the prescription drugs.

So my point this evening is simply to say that there is a great opportunity for us now to engage in real serious debate, bipartisanship, to talk about issues that soon we will say we are too overloaded with the appropriations process, the budget process and there goes prescription drug benefits again.

I would simply like to ask the administration, and the Republican leadership, can we not get down to the business of health care in America? Can we not come up and pass the prescription bill that is already filed, that is a bipartisan bill, that is waiting for us to respond to?

Finally, might I say to the gentleman from New Jersey (Mr. PALLONE), he was just about going to provide some statistics on that, in fact I think the American Association of Emergency Physicians is meeting here and the American Medical Association raised a number of issues in their meeting; we need the Patients' Bill of Rights. I do not know what the holdup is. The last session we were almost at the front door or at the brink of voting. I think we obviously passed it out of the House, never got anywhere. How long do the American people have to wait? How long do I have to continue to say to my constituents, we are working on it; we are working on it? I hope that the administration realizes that there is a great need in health care in America. Even in these days of seeming prosperity, we are still fighting AIDS domestically as we are fighting it internationally. We are seeing pockets of AIDS increase that need to be addressed to ensure that these individuals continue to have coverage for their particular needs.

So I thank the distinguished gentleman from New Jersey (Mr. PALLONE) for this Special Order. I hope that we can draw the attention of the administration on that 4 percent across-the-board cut that we do not find that health care in America goes down rather than up, and I believe that if the administration would listen they would know that health care is number one in Americans' minds and hearts, and we need to do something about it.

I thank the gentleman for yielding, and I hope we can get down to work.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman from Texas (Ms. JACKSON-LEE) for her comments. I think she is very much on point. When I go back to the district, I hear the same thing, what is being done about the health care issues? As we heard, I

identified the three: the Medicare prescription drug, the HMO reform, and the problem of the uninsured. I talked a little bit about the prescription drug benefit, but the gentlewoman pointed out with regard to the problem for the uninsured, I had very high hopes. If the gentlewoman remembers during the campaign, President Bush mentioned dealing with the uninsured.

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But then when he gets here, we do not see any action. Even in his confirmation hearings, the new Secretary of Health and Human Services, Secretary Thompson, said that he wanted to expand the CHIP program, the child health care initiative, to include adults, the parents of the kids.

Again, you point out, we are not talking about people that do not have a job or are not working. These are working parents who are above the Medicaid guidelines, but they do not get health insurance on the job and cannot afford it. So the idea was to expand CHIP to include the parents.

We also know, if you do that, you get more kids signed up, maybe selfishly so, if the parents are in it, the kids get in it too. I do not want to analyze all that, but we are not seeing that happening.

The Secretary is talking about granting waivers. But as you know, in many States the CHIP program has already exploded. I do not want to read this editorial now, but I have one from my local paper, the Asbury Park Press, a couple of weeks ago during our recess, and it points out how the program has been so successful, they do not have enough money to pay for it for the children.

Now, New Jersey has a waiver and is trying to expand it to the adults. So many people signed up for it, they do not know where the money is going to come from.

We do not have the money in the President's budget to expand the CHIP program to take care of adults, let alone even take care of all the kids, in my opinion.

Again, we heard about all these things once upon a time with President Bush and his Cabinet, but it is not happening. The money is not there. There is no initiative to say that CHIP should be permanently expanded to include adults and, more important, there is no money.

Ms. JACKSON-LEE of Texas. If the gentleman will yield just for a moment, as I just wanted to conclude on that point, you have got an exploding problem in New Jersey, and I have got an under-enrollment problem in Texas. I still have about 500,000 or 600,000. And I see my friend and colleague from Texas; he knows how hard we are working with the Hispanic, African American and poor community to get them enrolled. We still have work to do.

One of the other issues we have spoken about on this floor and still needs work, and I just wanted to mention it as I close, is mental health parenting. I was home this weekend and again that constituency was raising the question about, do you all realize how important it is to provide access to mental health services?

We all have legislative initiatives. They cannot be authorized and then not funded. That is a real issue in this country; how long are we going to have to wait to ensure that our insurance companies cover it? But people who are getting monies, not from the insurance companies, but using the public system, how do we provide them with mental health coverage?

So there are a lot of issues we could be addressing, and I wish that we would have the opportunity to do so.

Mr. PALLONE. Mr. Speaker, reclaiming my time, I want to yield in just a minute to our other colleague from Texas, but the sad thing is the administration, this Bush administration, keeps talking about what they are going to do. But we do not really find that they are doing it.

We had Governor Thompson, now Secretary Thompson, before our Commerce Health subcommittee last week, and he was touting the fact that he is going to provide more money for community health centers. But if you look at the Bush budget, and there is one paragraph here, it actually gets aid to the uninsured.

So they are talking about trying to help with these community health centers, but then they cut it. This is from the New York Times. "The Bush budget will propose deep cuts in health programs for people without health insurance. Budget documents from the Department of Health and Human Services show the programs providing health care access for the uninsured will be reduced 82 percent to 20 million from 140 million in the current fiscal year. These programs received 40 million in 2000."

So I hate to use the term not being honest or not being truthful, but really, he is not being honest with the American people in terms of what he is doing on these health care issues. He talks about what he is going to do, but the money is not there and there is no movement, no effort to do anything to Congress to move in that direction.

Mr. Speaker, I yield to the gentleman from Texas.

Mr. RODRIGUEZ. Mr. Speaker, I thank the gentleman. I know he has been adamant about access to health care for everyone and trying to make sure it becomes not only accessible, but affordable to everyone. I want to thank the gentleman for doing that and continuously pushing forward.

Let me just say things have gotten worse now. We have got over 44 million uninsured. That number continues to

grow. As people become unemployed, that is even going to get worse. And the reality is if you live in America and you work in a small company, and you do not work for government or for a major corporation, you do not have access to health care.

You have to be indigent to be able to qualify for Medicaid, you have to be elderly to qualify for Medicare, and if you are the working poor out there, trying to make ends meet, you do not have access to health care, both affordable and any type.

The reality is also that the increase in the prescription coverage we have been trying to provide, I know from a minority perspective, a large number of people, senior citizens on straight Medicare, and if you do not have access to Medicaid, then you do not have any prescription coverage and you do not have access to that.

I know the President has proposed that effort. But even his proposal, if you look at it, would disenfranchise about 25 million senior citizens that would not be able to have access to prescription coverage, which is something critical.

At a time when we are talking about tax cuts, here is an issue that if we could provide access to health care and affordable health care to all Americans, we would have an opportunity to not only help businesses and small businesses out there that are now having a rough time also paying for that insurance to get access to health care, but we would be providing everyone at least that opportunity when they got sick.

We talked about the fact that in America it is not a constitutional right, but I was surprised, and some people do not realize that the only ones who have a constitutional right to have access to health care are prisoners in this country. Our prisoners have a right to have access to health care, yet our working Americans out there that are working do not have access to it and cannot afford to have access. That is unfortunate.

The first 100 days, I have not heard the President say one word about health care. I know his budget, you mentioned the community health centers he had proposed, and I was real optimistic when he said he proposed \$3.6 billion for the next 5 years. Well, that has not happened and that has not materialized. The community health centers are the ones out there in the country providing that access in rural America and urban areas for those individuals that do not have access to health care, and that is important.

I want to also indicate that the President's budget also cuts Medicaid by over \$600 million. Here is an issue, and I mention Texas because I am from Texas, we have had over 300 nursing homes that have gone under, mainly because of the Medicare-Medicaid reim-

bursement in Texas, one of the lowest in the country. Yet he is going to cut \$600 million from Medicaid, which is for the indigent, and we are going to have problems in that area based on that effort.

In addition, I want to share with you one of the areas, because I sit on the Committee on Armed Services and the Committee on Veterans' Affairs. In the area of veterans, he talked during the campaign about the importance of the military, yet when it comes to veterans, he has proposed a \$1 billion increase. I want to share with you, that means 4.5 percent.

Well, in the area of health care, you can say the cost of living is 2.2, 2.3 percent, but in health care, it is over 15 percent. Prescriptions have gone up by almost 20 percent in cost. So when you look at an industry that is related to health, their cost of living is a lot higher. It has been estimated it is close to 4.7 percent.

Basically what his revenues for our veterans is going to cover is existing programs. Right now, we find a dilemma that those people that have served our country when we needed them the most, they were there for us, and now that they need us, we are not there for them.

There is no specific funding to reduce the lengthy delays in veterans' access to VA health care. There is no specific funding to improve quality of health care availability to veterans to rely on the VA. There is no specific funding to fully implement the Veterans' Millennium Health Care and Benefits Act, not to mention the fact that when it comes to our veterans in the area of mental health, as my fellow colleague, the gentlewoman from Houston, Texas (Ms. JACKSON-LEE) indicated, in the area of mental health, at any one time you will find over half a million veterans that are homeless out there, a lot of them suffering from mental health problems. When it comes to that area, we are not doing enough to be able to cover that. So we have a real situation where we need to make sure that we are responsive to our veterans.

I just want to add that I think it is important to recognize that right now our colleagues back home in Texas, and I want to mention this because this directly relates to our President, that when he was in Texas, he also gave a major tax cut.

Well, as of September and August of this past year, 2 months before the election, our State comptroller indicated that we were projected to have a \$5 to \$6 billion surplus. That projection never materialized, and in fact, supposedly we are down almost \$11 billion in the hole. So the State is having a real difficult problem, and there are some quotes from both Democrats and Republicans, the fact that the State has been left in a situation they have never been in in years.

What is going to happen with the tax cuts we are having now, without having our priorities, without considering the issues that are before us? We are going to find ourselves in a situation because of what he did today.

Today, he proposed the missile defense. Here we have a \$100 billion proposal that we have already expended, by the way, since 1983 over \$58 billion on this missile defense, which breaks every single treaty we have had with Europe and Russia. We are the ones that are proposing it. We are the ones that are breaking the treaty. We are the ones that decided we wanted to do something different and are causing a problem. We are going to expend major resources that should be going to services and to our veterans and to other things.

I want to just add a couple of things. I chair the Task Force on Hispanic Health Care, and one of the things we really need to kind of look at in this country is the fact that in the 1980s, up to 1987, I was in the public health community in Texas, and we were at a point of almost closing down our tuberculosis hospital because we did not have any cases.

The bottom line is that now there are over 15 million cases of tuberculosis throughout this country, a large number; one-third of them are along the border. So we need to be very cautious with those infectious diseases, wherever they occur, in this country or in Africa, because those diseases, if we do not take care of them now, the medication that is being tested now and is not taken appropriately, other types of viruses have come about that we do not have the technology to deal with. If those diseases come into this country, we are going to have a serious problem. So we are not spending enough when it comes to tuberculosis.

When it comes to AIDS we have made some inroads, and, yes, the statistics seem to be improving. But it is disproportionately now hitting certain populations. Hispanics, for example, represent 20 percent of the cases, yet we only represent 13 percent of the population.

When you look at AIDS throughout the world, and you would say, why do you want to get involved in AIDS in Africa, it is because of the fact that it is the same virus. If we do not treat it there, that virus will grow and go elsewhere and eventually, if we are not careful, it will come here too. So we need to be very cautious in those infectious diseases and treat them as if they were right here in our backyard. If we can treat them abroad, that is even better, so they do not reach our borders. So it becomes real important that we do those things.

I am hoping that as we move forward, and I know most Americans feel that we should at least have access to that health care, affordable and accessible

care, I think that we can move forward on that. There are some beautiful proposals out there that talk about access to health care, and indicate that we can, because we are the country that expends the most right now on health care, and they are saying we can cut that by \$150 billion if we come up with a new system, because we are based on a system that is basically based on profits and not provided. If you are sick, a lot of times you are let go and you are left and no one wants to insure you.

So the bottom line is that, as Americans, we need to make sure we are there for our senior citizens, we need to make sure that we are there for our most vulnerable; and we have to make sure that those working Americans have that opportunity to receive that care.

Once again, I want to thank the gentleman for his efforts. I know he has been there right on the forefront, and I love the fact that he has not let go of this issue; and it is something that is critical, and we should not let it go, and we need to move forward on it.

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Mr. PALLONE. I want to thank my colleague, the gentleman from Texas.

The gentleman pointed out in the beginning of his statement, and I just wanted to reiterate it again before we move to our colleague, the gentleman from Connecticut, that not only is the problem with the uninsured growing, I think a few years ago it was 40 million, now the gentleman said it was almost 45 million uninsured, but I think, as the gentleman pointed out, very importantly, that if the economy does not continue to do well, and we know in the last few months there have been problems, that the problem will get worse and a lot more people will not have insurance.

Again, I am critical of the President, not because I do not like him or anything, but just because he talks about these things but we do not see the action, we do not see the money.

When the budget went over to the Senate, a resolution was passed to actually put I think it was \$28 billion in additional money into the budget just to address the problem of the uninsured. It was passed unanimously, and there were Democrats and Republicans who spoke out and said that this was important.

Senator WYDEN specifically talked about the economy slowing, and how more people would need insurance because they would not be getting it on their job.

Then we had OLYMPIA SNOWE, a Republican, talk about how this additional money could be used to put adults into the CHIP program, the way the gentlewoman from Texas (Ms. JACKSON-LEE) was talking.

Then we even had GORDON SMITH, who is a Republican, who said that the

measure could be used to help businesses reduce the costs of insurance for their low-income employees, what the gentleman talked about.

I just do not understand what the resistance is on the part of the Bush administration to trying to address these issues. Again, we hear a lot of rhetoric, but we do not see any money. We do not see any effort to come down here and try to prioritize this issue at all.

Mr. RODRIGUEZ. What I am afraid of, if the gentleman will yield, is that he is going to move with a tax cut and then, in all honesty, come forward, because there are a lot of needs now on the military budget, and he has come up with a budget that almost does not provide anything yet and he has not brought it forward, but I am sure right now there is a real need for 40,000 new troops, we need \$17 billion for infrastructure, and if he pushes that missile effort, that is \$100 billion, not to mention that we need a lot of other resources.

So I am afraid that instead of taking care of priorities now when we do have the resources, we are going to find ourselves the way we found ourselves in the 1980s. It is a political move from the Republican right to pit the issue of the security of our Nation and our armies against health care and education.

It is unfortunate that he is playing with the lives of all Americans when it comes to access to health care at a time when we have the resources to take care of those priorities, both on the military side as well as on the health care side.

Mr. PALLONE. I appreciate the gentleman's comments. I thank him for coming down to join me and others.

Mr. Speaker, I yield to the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. Mr. Speaker, I thank the gentleman from New Jersey, and join with both my colleagues in terms of their comments this evening as it relates to health care.

I especially want to laud the gentleman from New Jersey (Mr. PALLONE) for his efforts. Oftentimes he is the lone sentinel, if you will, on the watchtower of health care for everyone in this Nation.

With more than 44 million people without insurance and access to health care across this Nation, I think Americans listening in often wonder, as we talk to an empty Chamber, is there anyone home? Does Congress listen to the concerns that we have?

To the gentleman's earlier point, I think that in the last campaign I do not think that there was a person in this Chamber or clearly either Presidential candidate that did not take almost blood oaths with respect to providing prescription drug relief for senior citizens, and to making sure that Social Security and Medicare and Medicaid would be taken care of.

I am sure that the President is well-intended, but as the gentleman points out, the proof is not only in the budget, but in the resolve of those of us in this building to address these issues forthrightly.

Many of us, like the gentleman, have done surveys in our district with respect to prescription drugs, or have been home to town meetings or on radio talk shows where we have listened to call after call of the elderly, pleading to provide them with some relief, those elderly who have to choose between the food they are going to put on their table, the heating or cooling bills they are going to have to pay to their utility companies, or the prescription drugs that their doctors require them to take.

We know from the studies that the cost of the very same prescription drugs that they need for blood pressure, for relief from arthritis, they can get at half the price in Canada or Mexico.

I can say it no better than the woman on 60 Minutes who said, "I feel like I am a refugee from my own health care system in this country." Will not Congress listen?

Let us not judge these first 100 days on the basis of civility, and I give the President credit for changing the tone, but let us judge these first 100 days on the resolve to truly reach out and help the greatest generation.

Is it only lip service that we are paying Americans all across the country, or are we firmly committed to come forward and allow them to live out their final days in dignity, allow them not to be faced with the godawful choice between the food on their table and the prescription drugs their doctors are recommending that they take?

These are important decisions. When I go home to my district, people say, "You are not doing anything down there in Congress. It does not seem as though the rhetoric during the campaign lives up to actual action on the floor of either Chamber." Sadly, they are right.

I applaud the gentleman. I said to the people back in my district, I am going to continue to come to the floor of this House and continue to speak out on the need for us to provide the kind of relief that our citizens need.

In this time of prosperity, in this time when we have the resources, there is no excuse to turn our backs on the elderly. They should hold our collective feet to the fire on this issue, because both parties, all candidates, campaigned on this issue. Now it is a question of delivering on this issue for the people we are sworn to serve.

We would do well to heed the advice of Hubert Humphrey, and remember that those in need during a time of prosperity, whether they be the children in the dawn of their life, the elderly in the twilight of their life, or those

in the shadows of their life who need our help and assistance, this is the time for us to act and respond.

I thank the gentleman again for providing this opportunity in this special order for people to address the concerns of health care, and specifically for me tonight to be able to talk about the need for prescription drugs.

Mr. PALLONE. I want to thank the gentleman, and thank him for coming down and expressing and articulating his thoughts so well.

The gentleman talked mainly about the prescription drug issue. I think of the three health care issues that I sort of highlighted, and that we all highlighted tonight.

That is the one where I think there has probably been the most disappointment because of, as the gentleman said, the rhetoric during the campaign. It was certainly true on the part of President Bush or then candidate Bush that this was going to be addressed and this was going to be a priority, and it has not been.

We can argue about what kind of plan we should be putting into place, and whether the Bush plan is different than the Democratic plan. I can talk about that all night. But the bottom line is, I do not see any movement. I do not see any effort by the President to come down here and say, "This is a priority and I want it enacted into law," even his own proposal, as limited as it is.

I think we can see that on all these issues. Probably the one that he most committed to was the Patients' Bill of Rights. I remember during one of the debates when he specifically said, "We have a Patients' Bill of Rights, an HMO reform bill, that is on the books in my State of Texas." And of course he did not comment on the fact that he never signed it. But leaving that aside, it was in effect. He said, "I would like to see the same thing, and I would support the same thing on a Federal level if I was elected President."

Well, 100 days have passed. We had a bipartisan bill introduced in the other Chamber. I think we had Senator MCCAIN and Senator KENNEDY. Here we had a bipartisan bill. The gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL) introduced a bill that was modeled exactly on the Texas law.

They had a previous bill in the last Congress called the Patients' Bill of Rights. They changed it slightly to conform exactly with the Texas law on the liability law, on all the issues that have some contention.

Within a couple of days, we saw the President come out and say, "That is not acceptable. I do not like that bill." I think he went before the cardiologists' association and said he would veto it if it came to his desk.

This was bipartisan. I went to a press conference and there were some pretty

right-wing Republicans at that press conference supporting this legislation.

Well, what is it that he wants? Is he telling us what he wants and how he would like to change the MCCAIN bill or the Dingell-Ganske bill? No. I do not get feedback in the Subcommittee on Health and Environment of the Committee on Commerce about what the President does want, so I just have to conclude he does not want anything.

In other words, the rhetoric is out there, "I want to pass this bill, and I want to do in the United States what we did in Texas," but I do not see any proposal coming from the White House to accomplish that. I do not see any effort to prioritize it.

I would venture to say that the differences on the Patients' Bill of Rights, for those who oppose it and those who are supportive, at this point are so minimal that if we sat down in this room tonight, we could work out the differences.

Mr. LARSON of Connecticut. There is no question. The compromise lies right ahead of us.

I think what frustrates the American public is they see us talking before an empty Chamber and they are wondering why the collective body is not addressing these important issues; why they just seem to linger on and on and on with no resolve.

I have a veteran from my hometown who has won three Purple Hearts whose monthly pension does not equal what he pays in terms of prescription drugs. This is what people are really seeking relief from.

I agree with the gentleman, people back home have talked passionately about a Patients' Bill of Rights. Certainly the concern is there for the uninsured that exist in this country, and the costs that our hospitals are experiencing, as well, under the Balanced Budget Act of 1997.

But invariably, the real gut level emotion that I hear from people is that they are being really hurt by the lack of a policy, the lack of a program that will allow them to have the drugs that their doctors know that they need in order to survive.

Shame on us for not continuing to move that forward. When I say "us," I mean Democrats, Republicans alike. The President, the Cabinet, all of us, we know that this is an important issue to all of them.

I thank the gentleman for being one of the lone sentinels, as I said earlier, who comes down here on a regular basis and makes sure that the public understands that there are people out there that care, that there are people willing to stand up and fight for what they believe is right, and people who feel that this is a higher priority than a tax cut.

Mr. PALLONE. I thank the gentleman for the accolades. I want to thank the gentleman for being so concerned, as well.

But I have to point out, because we are here tonight but we are going to come back again, I have to point out that the President has his party in the majority in the House of Representatives, and even though it is 50-50 in the other body, the Vice President can break the tie.

So I try to explain to my constituents that as Democrats, and I know it sounds very partisan, we do not have the ability to bring these bills up, either in committee, or we do not even have the ability to have a hearing. We certainly do not have an ability to bring the legislation to the floor.

The only thing we can do is to continue to speak out, as we have tonight, and demand action on these health care initiatives.

I know the gentleman is here tonight, and others, and we are certainly going to continue to do that, because we know this is not pie in the sky, this is important to the average person. Whether it is HMO reform, it is a prescription drug plan, or it is access for the uninsured, we have to address the issue.

I want to thank the gentleman again. I just want to repeat again, Mr. Speaker, that although I am concluding now, we are going to be back again until we see the President and the Republican leadership bringing legislation up that would address these health care concerns.

□ 2000

REBUTTAL COMMENTS ON HEALTH CARE, THE PRESIDENT'S SPEECH ON DEFENSE, AND ENERGY IN THE WEST

The SPEAKER pro tempore (Mr. PENCE). Under the Speaker's announced policy of January 3, 2001, the gentleman from Colorado (Mr. MCINNIS) is recognized for 60 minutes as the designee of the majority leader.

Mr. MCINNIS. Mr. Speaker, once again I want to spend a little time with an evening chat. I want to discuss this evening a couple of issues, but first of all I will rebut a couple of the comments that were made in the last hour.

As my colleagues understand the rules on the House floor, the previous speakers were allowed to speak 1 hour unrebuted, and now I have an opportunity to speak for an hour. It was not my intent when I came over here this evening to rebut this, but some of these statements were so strong that certainly my colleagues deserve to hear what the other side of the story is.

It reminded me of a courtroom, one time in a closing argument where the statement was made that if you have ever been a parent you understand that if there is a problem between two children and you separate the children, each child comes up and tells you an entirely different version of what happened. And it is not that either child is